Fill in this information to identify the case

Debtor name **Saldivar Home Health Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) **16-52586**

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.
☑ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor — **Current value of debtor's interest**

2. Cash on hand ______

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	**Texas Champion Bank**	**Checking account**	___ ___ ___ ___	**$22,142.30**

4. Other cash equivalents *(Identify all)*

Name of institution (bank or brokerage firm)

5. Total of Part 1
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. **$22,142.30**

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☑ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.
Add lines 7 through 8. Copy the total to line 81. **$0.00**

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.
☑ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

	face amount		doubtful or uncollectible accounts		Current value of debtor's interest
11a. 90 days old or less:	**$79,847.00**	–	**$0.00**	= .... ➔	**$79,847.00**
11b. Over 90 days old:	**$265,993.00**	–	**$0.00**	= .... ➔	**$265,993.00**

12. Total of Part 3
Current value on lines 11a + 11b = line 12. Copy the total to line 82. **$345,840.00**

Part 4: Investments

13. Does the debtor own any investments?

☑ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value | **Current value of debtor's interest**

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4
Add lines 14 through 16. Copy the total to line 83. **$0.00**

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☑ No. Go to Part 6.
☐ Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	**Raw materials**	MM/DD/YYYY			
20.	**Work in progress**				
21.	**Finished goods, including goods held for resale**				
22.	**Other inventory or supplies**				

23. Total of Part 5
Add lines 19 through 22. Copy the total to line 84. **$0.00**

24. Is any of the property listed in Part 5 perishable?
☑ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?
☑ No
☐ Yes. Book value ______ Valuation method ______ Current value ______

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
☑ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☑ No. Go to Part 7.
☐ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	**Crops--either planted or harvested**			
29.	**Farm animals** *Examples:* Livestock, poultry, farm-raised fish			
30.	**Farm machinery and equipment** (Other than titled motor vehicles)			
31.	**Farm and fishing supplies, chemicals, and feed**			
32.	**Other farming and fishing-related property not already listed in Part 6**			

33. Total of Part 6.
Add lines 28 through 32. Copy the total to line 85. **$0.00**

34. Is the debtor a member of an agricultural cooperative?
☑ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
  ☐ No
  ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?
☑ No
☐ Yes. Book value ______ Valuation method ______ Current value ______

36. Is a depreciation schedule available for any of the property listed in Part 6?
☑ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?
☑ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.
☑ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Office furniture			$301,205.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Machinery, equipment			$155,537.00
42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.
Add lines 39 through 42. Copy the total to line 86. **$456,742.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?
☑ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
☑ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.
☑ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. Ford Focus 2014			$8,045.00
47.2. Ford Focus 2014			$8,045.00
47.3. Ford Focus 2008			$3,786.00
47.4. Ford Focus 2010			$4,773.00
47.5. Ford Focus 2009			$4,321.00
47.6. Ford Focus 2010			$4,773.00
47.7. Ford Focus 2010			$4,773.00
47.8. Ford Focus 2013			$7,844.00

48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8. **$46,360.00**
Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☑ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☑ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☑ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	**Nature and extent of debtor's interest in property**	**Net book value of debtor's interest** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**
55.1.	**Q Commercial Management & Real Estate 9862 Lorene Ln., Ste. 110 San Antonio, TX 78216 9862 Lorene Ln, Ste. 102 San Antonio**	**Office Space**			**$0.00**
55.2.	**Pamota LP 824 E. Hackberry Ave., Ste. 10 McAllen TX 78501 1313 W. Polk Ave., Ste. 13, Pharr TX**	**Office Space**			**$0.00**
55.3.	**Stewart & Rosario Lapin AWTY Inc./The Quality Inn Office 6800 Highway 63 Moss Point MS 39563 2601 E. Saunders Ste. 5, Laredo TX 78040**	**Office Space**			**$0.00**

56. Total of Part 9. **$0.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☑ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☑ No
- ☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- [x] No. Go to Part 11.
- [ ] Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			

66. Total of Part 10.
Add lines 60 through 65. Copy the total to line 89. **$0.00**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)**?**
- [x] No
- [ ] Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
- [x] No
- [ ] Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
- [x] No
- [ ] Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- [ ] No. Go to Part 12.
- [x] Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Claim against Palmetto GBA LLC for improperly taking Debtor's medicare payments — **Unknown**

Nature of claim ____________________

Amount requested ____________________

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11. **$0.00**
Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
- [x] No
- [ ] Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. **Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1.*	$22,142.30	
81. **Deposits and prepayments.** *Copy line 9, Part 2.*	$0.00	
82. **Accounts receivable.** *Copy line 12, Part 3.*	$345,840.00	
83. **Investments.** *Copy line 17, Part 4.*	$0.00	
84. **Inventory.** *Copy line 23, Part 5.*	$0.00	
85. **Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00	
86. **Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	$456,742.00	
87. **Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$46,360.00	
88. **Real property.** *Copy line 56, Part 9.* ➔		$0.00
89. **Intangibles and intellectual property.** *Copy line 66, Part 10.*	$0.00	
90. **All other assets.** *Copy line 78, Part 11.*	+ $0.00	
91. **Total.** Add lines 80 through 90 for each column.	91a. $871,084.30	+ 91b. $0.00

92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 **$871,084.30**

Fill in this information to identify the case:

Debtor name Saldivar Home Health Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) 16-52586

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. **Do any creditors have claims secured by debtor's property?**

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☑ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. **List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A	Column B
	Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**
2.1	$6,985.44	$8,045.00

2.1

Creditor's name
Ford Credit

Creditor's mailing address
PO Box 650575

Dallas TX 75265

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☑ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe debtor's property that is subject to a lien
Ford Focus 2014

Describe the lien
Purchase Money

Is the creditor an insider or related party?
☑ No
☐ Yes

Is anyone else liable on this claim?
☑ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** $14,149.38

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**
2.2	$7,163.94	$8,045.00

2.2

Creditor's name
Ford Credit

Creditor's mailing address
PO Box 650575

Dallas TX 75265

Creditor's email address, if known

Date debt was incurred ________

Last 4 digits of account number ___ ___ ___ ___

Do multiple creditors have an interest in the same property?

- ☑ No
- ☐ Yes. Have you already specified the relative priority?
  - ☐ No. Specify each creditor, including this creditor, and its relative priority.
  - ☐ Yes. The relative priority of creditors is specified on lines ________

Describe debtor's property that is subject to a lien
Ford Focus 2014

Describe the lien
Purchase Money

Is the creditor an insider or related party?

- ☑ No
- ☐ Yes

Is anyone else liable on this claim?

- ☑ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Fill in this information to identify the case:

Debtor: Saldivar Home Health Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): 16-52586

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☑ Yes. Go to line 2.

2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.**
If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1 Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia PA 19101-7346 **Date or dates debt was incurred** **Last 4 digits of account number** ___ ___ ___ ___ **Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a)(8)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Taxes **Is the claim subject to offset?** ☑ No ☐ Yes	$300,000.00	$0.00

Debtor **Saldivar Home Health Inc.** Case number (if known) **16-52586**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 **Nonpriority creditor's name and mailing address**

Alianz Medical Inc.
9858 Gades Road Ste D3-114

Boca Raton FL 33434

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: **Business Debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

$15,372.26

3.2 **Nonpriority creditor's name and mailing address**

Allegro Medical
360 Veterans Pkwy Ste 115

Bolingbrook IL 60440

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: **Business Debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

$3,487.57

3.3 **Nonpriority creditor's name and mailing address**

American Specialty Advertising
899 Skokie Blvd Ste 112

Northbrook IL 60062

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: **Business Debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

$1,248.57

3.4 **Nonpriority creditor's name and mailing address**

Decision Health
PO Box 9405

Gaithersburg MD 20898-9405

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: **Business Debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

$826.85

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5 Nonpriority creditor's name and mailing address

Direct Rehab Inc
1635 NE Loop 410 Ste 506
San Antonio TX 78209

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?

- ☑ No
- ☐ Yes

$19,455.00

3.6 Nonpriority creditor's name and mailing address

Elizabeth H Hogur Esq.
107 Guilford
Summerville SC 29483

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?

- ☑ No
- ☐ Yes

$1,680.00

3.7 Nonpriority creditor's name and mailing address

Gulf South Medical Supply
PO Box 841968
Dallas TX 75284-1968

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?

- ☑ No
- ☐ Yes

$9,560.79

3.8 Nonpriority creditor's name and mailing address

Homecare Dimensions Inc
12500 Network Blvd. #210
San Antonio TX 78249-3301

Date or dates debt was incurred

Last 4 digits of account number ___ ___ ___ ___

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?

- ☑ No
- ☐ Yes

$1,637.96

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9 **Nonpriority creditor's name and mailing address**

HomeCare Medical Equipment
401 Flournoy Rd
Alice TX 78332

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Amount of claim: $1,156.90

3.10 **Nonpriority creditor's name and mailing address**

Homeline Medical Inc
14906 Collections Center Dr.
Chicago IL 60693

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Amount of claim: $3,066.52

3.11 **Nonpriority creditor's name and mailing address**

Laredo Sports Medicine Clinic
9652 McPherson Ste 12
Laredo TX 78045

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Amount of claim: $1,880.00

3.12 **Nonpriority creditor's name and mailing address**

Moreno Physical Therapy
3632 Josefina Dr.
Laredo TX 78041

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: Business Debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Amount of claim: $16,300.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13 **Nonpriority creditor's name and mailing address**

Palmetto GBA LLC
8300 Springdale Drive
Camden South Carolina 29020

As of the petition filing date, the claim is: *Check all that apply.*

- [ ] Contingent
- [ ] Unliquidated
- [x] Disputed

Basis for the claim: Business Debt

Date or dates debt was incurred

Last 4 digits of account number __ __ __ __

Is the claim subject to offset?

- [x] No
- [ ] Yes

$2,964,025.00

3.14 **Nonpriority creditor's name and mailing address**

Palmier Comprehensive Physical Therapy
3115 W Alberta Rd.
Edinburg TX 78539

As of the petition filing date, the claim is: *Check all that apply.*

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Basis for the claim: Business Debt

Date or dates debt was incurred

Last 4 digits of account number __ __ __ __

Is the claim subject to offset?

- [x] No
- [ ] Yes

$9,350.00

3.15 **Nonpriority creditor's name and mailing address**

RGV Therapists PC
1617 E Tyler Avenue Ste F
Harlingen TX 78550

As of the petition filing date, the claim is: *Check all that apply.*

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Basis for the claim: Business Debt

Date or dates debt was incurred

Last 4 digits of account number __ __ __ __

Is the claim subject to offset?

- [x] No
- [ ] Yes

$5,319.67

3.16 **Nonpriority creditor's name and mailing address**

Walsh Anderson Brown Gallegos & Green
PO Box 2156
Austin TX 78768

As of the petition filing date, the claim is: *Check all that apply.*

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Basis for the claim: Business Debt

Date or dates debt was incurred

Last 4 digits of account number __ __ __ __

Is the claim subject to offset?

- [x] No
- [ ] Yes

$65,169.70

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. **Total claims from Part 1**	5a.	**$300,000.00**
5b. **Total claims from Part 2**	5b. +	**$3,119,536.79**
5c. **Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.	**$3,419,536.79**

Fill in this information to identify the case:

Debtor name: Saldivar Home Health Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): 16-52586 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	**State what the contract or lease is for and the nature of the debtor's interest**	Office Space at 1313 W. Polk Ave., Ste.13, Pharr TX 78577 Contract to be ASSUMED	Pamota, L.P. 824 E. Hackberry Ave., Ste. 110 McAllen TX 78501
	State the term remaining		
	List the contract number of any government contract		
2.2	**State what the contract or lease is for and the nature of the debtor's interest**	Office Space Contract to be ASSUMED	Q Commerical Management & Real Estate Lorene Office Plaza 9862 Lorene Ln., Ste.110 San Antonio TX 78216
	State the term remaining		
	List the contract number of any government contract		
2.3	**State what the contract or lease is for and the nature of the debtor's interest**	Office Space at 2601 E. Saunders Ste.5, Laredo, TX 78040 Contract to be ASSUMED	Stewart & Rosario Lapin AWTY Inc./The Quality Inn Office 6800 Highway 63 Moss Point MS 39563
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name **Saldivar Home Health Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) **16-52586**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. **Does the debtor have any codebtors?**
   ☑ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
   ☐ Yes

2. **In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G.*** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**		*Column 2:* **Creditor**	
Name	**Mailing address**	**Name**	*Check all schedules that apply:*

Fill in this information to identify the case:

Debtor Name **Saldivar Home Health Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known): **16-52586**

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets--Real and Personal Property*** (Official Form 206A/B)	
1a. **Real property:** Copy line 88 from Schedule A/B	**$0.00**
1b. **Total personal property:** Copy line 91A from Schedule A/B	**$871,084.30**
1c. **Total of all property** Copy line 92 from Schedule A/B	**$871,084.30**

Part 2: Summary of Liabilities

2. ***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	**$14,149.38**
3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)	
3a. **Total claim amounts of priority unsecured claims:** Copy the total claims from Part 1 from line 5a of Schedule E/F	**$300,000.00**
3b. **Total amount of claims of nonpriority amount of unsecured claims:** Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	**+ $3,119,536.79**
4. **Total liabilities** Lines 2 + 3a + 3b	**$3,433,686.17**

Fill in this information to identify the case and this filing:

Debtor Name **Saldivar Home Health Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) **16-52586**

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☑ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☑ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☑ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☑ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☑ *Schedule H: Codebtors* (Official Form 206H)
- ☑ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule ____________
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration ____________

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **12/02/2016**
MM / DD / YYYY

X **/s/ Basil P. Casteleyn Jr.**
Signature of individual signing on behalf of debtor

Basil P. Casteleyn Jr.
Printed name

COO
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name: Saldivar Home Health Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): 16-52586

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			**Sources of revenue** Check all that apply.	**Gross revenue** (before deductions and exclusions
From the beginning of the fiscal year to filing date:	From 01/01/2016 (MM / DD / YYYY)	to Filing date	☑ Operating a business ☐ Other	$1,773,528.00
For prior year:	From 01/01/2015 (MM / DD / YYYY)	to 12/31/2015 (MM / DD / YYYY)	☑ Operating a business ☐ Other	$2,636,821.00
For the year before that:	From 01/01/2014 (MM / DD / YYYY)	to 12/31/2014 (MM / DD / YYYY)	☑ Operating a business ☐ Other	$3,434,038.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☑ None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☑ None

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	**Margot Saldivar** Insider's name Street City State ZIP Code **Relationship to debtor** **owner**		**$146,720.00**	
4.2.	**Robert B. Saldivar** Insider's name Street City State ZIP Code **Relationship to debtor** **owner**		**$131,367.00**	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☑ None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☑ None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits
List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☑ None

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☑ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than $1,000

☑ None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☑ None

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy
List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1.	Dean W. Greer, Attorney at Law			$11,177.00

Address

2929 Mossrock, Ste. 117
Street

San Antonio TX 78207
City State ZIP Code

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☑ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☑ None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☑ Does not apply

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.
☑ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	**Saldivar Home Health Inc** Facility name Street City State ZIP Code	**provider in home health care** **Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.	 **How are records kept?** *Check all that apply:* ☐ Electronically ☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.
☑ Yes. State the nature of the information collected and retained
demographic, medical, and insurance

Does the debtor have a privacy policy about that information?
☑ No.
☐ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- [x] No. Go to Part 10.
- [ ] Yes. Does the debtor serve as plan administrator?
  - [ ] No. Go to Part 10.
  - [ ] Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- [x] None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- [x] None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- [x] None

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- [x] None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless or the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?
Include settlements and orders.

☑ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☑ No
☐ Yes. Provide details below.

24. Has the debtor notified any govermental unit of any release of hazardous material?

☑ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest
List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☑ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address — **Dates of service**

26a.1. **Craig Adamson CPA** — **From** ____ **To** ____
Name
Street
City State ZIP Code

Name and address — **Dates of service**

26a.2. **Margot Saldivar** — **From** ____ **To** ____
Name
Street
City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address | **Dates of service**

26b.1. **Craig Adamson CPA**
Name
Street
City State ZIP Code

From ______ **To** ______

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address | **If any books of account and records are unavailable, explain why**

26c.1. **Craig Adamson CPA**
Name
Street
City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Texas Champion Bank**
Name
Street
City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☑ No.
☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Basil Casteleyn	**13810 Ridge Farm San Antonio, TX 78230**		**0%**
Margot P. Saldivar	**901 North Johnson Street Alice, TX 78332**		**50%**
Robert B. Saldivar	**901 North Johnson St. Alice, TX 78332**		**50%**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- [x] No
- [ ] Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- [ ] No
- [x] Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1.	**Margot Saldivar** Name Street City State ZIP Code **Relationship to debtor** owner	**$146,720.00**		
30.2.	**Robert B. Saldivar** Name Street City State ZIP Code **Relationship to debtor** owner	**$131,367.00**		

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- [x] No
- [ ] Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- [x] No
- [ ] Yes. Identify below.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **12/02/2016**
MM / DD / YYYY

X **/s/ Basil P. Casteleyn Jr.**
Signature of individual signing on behalf of the debtor

Printed name **Basil P. Casteleyn Jr.**

Position or relationship to debtor **COO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☑ No
☐ Yes